



Department of State

Charitable Solicitations  
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WARNING: False or misleading statements  
subject to maximum \$5,000 penalty.  
T.C.A. § 48-101-514

OFFICE USE ONLY

Date Stamped

SUMMARY OF FINANCIAL  
ACTIVITIES OF A  
CHARITABLE ORGANIZATION

INSTRUCTIONS:

A charitable organization must use this form to report financial activities for its most recently completed fiscal year. Amounts entered below must correspond with entries on the organization's Internal Revenue Service Form 990. (Refer to IRS Form 990 line items in parentheses). This completed financial statement must be signed by two (2) separate authorized officers in the presence of a Notary Public and filed with the Secretary of State within six (6) months of the end of the fiscal year. A copy of the filed IRS Form 990, and any other forms required to be filed with the IRS, must accompany this form. Organizations with gross revenue in excess of three hundred thousand dollars (\$300,000) must also submit an audit report prepared by an independent public accountant or certified public accountant.

This form , including attachments, is a public record. A copy will be provided upon request to any interested persons.

Name of Organization: .....

Address: .....

Fiscal Year Ending: ..... [If fiscal year has changed, mark (x)] .....

Federal ID# ..... State ID# ..... Telephone# .....

A. Gross Revenue

- 1. Public Contributions (IRS Form 990, Lines 1a and 1b) ..... \$ .....
- 2. Government grants (Line 1c) ..... \$ .....
- 3. Program service fees (Line 2) ..... \$ .....
- 4. Special events and activities (Line 9a) ..... \$ .....
- 5. Gross sales of inventory (Line 10a) ..... \$ .....
- 6. Other Revenue (Lines 3, 4, 5, 6c, 7, 8d,11) ..... \$ .....
- 7. Total Revenue [add 1 through 6] ..... \$ .....

B. Expenses

Statement of Program Service Accomplishments

The organization's primary purpose .....

- 8. Program A (Part III,a) ..... \$ .....
- 9. Program B (Part III,b) ..... \$ .....
- 10. Program C (Part III,c) ..... \$ .....
- 11. Other Program Services (Part III, d&e)..... \$ .....
- 12. Total Program Expenses [add 8 thru 11] (Line 13&Part III,f) . \$ .....
- 13. Direct Expenses from Special Events (Line 9b) ..... \$ .....
- 14. Cost of goods sold (Line 10b) ..... \$ .....
- 15. Management and general expenses (Line 14) ..... \$ .....
- 16. Fund raising expenses (Line 15) ..... \$ .....
- 17. Payments/services to affiliates (Line 16) ..... \$ .....
- 18. Total Expenses [add 12 thru 17] ..... \$ .....
- 19. Excess/Deficit for the year [7 minus 18] (Line 18) ..... \$ .....

C. Changes in Net Assets or Fund balances

- 20. Net assets/fund balances at beginning of year (Line 19) ..... \$ .....
- 21. Other changes in net assets or fund balances (Line 20) ..... \$ .....
- 22. Net assets/fund balances [add 19 thru 21] (Lines 21&73) ... \$ .....
- 23. Total assets (Line 59) ..... \$ .....
- 24. Total liabilities (Line 66) ..... \$ .....
- 25. Net assets/fund balances [23 minus 24] (Lines 21&73) ..... \$ .....

ACCOUNTING METHOD USED:

CASH: ACCRUAL: OTHER:

Part II. REPORTING JOINT COSTS OF MULTI-PURPOSE ACTIVITIES

Lines (A), (B), and (C) pertain to the joint allocation of costs associated with fund raising. This section must be completed if your organization allocates the costs of multipurpose activities between program services, management and general, and fund raising.

- A. Did you report in "PROGRAM SERVICES" any joint costs from a combined educational and fund raising campaign? Yes No
- B. If "Yes", enter the total amount before any allocation of these joint costs \$; (1) the amount allocated to "Program Services" \$; (2) the amount allocated to "Administrative" \$; (3) the amount allocated to "Fund Raising" \$.
- C. What was the method used to determine the joint allocation categorization?

Part III. PROFESSIONAL SOLICITORS/FUND RAISING COUNSEL

- A. What is the total amount your organization paid to any professional solicitor?
- \$ : to any professional fund raising counsel? \$

I/We certify that the information furnished in this summary and all supplemental forms, documents and continuation sheets is true and correct to the best of my/our knowledge.

Signature of Authorized Officer

(Print Name)

Title

Date Signed

Signature of Chief Fiscal Officer or other Authorized Officer

(Print Name)

Title

Date Signed

NOTARY SEAL

NOTARY SEAL

SWORN TO AND SUBSCRIBED BEFORE ME AT:

SWORN TO AND SUBSCRIBED BEFORE ME AT:

(City, State)

(City, State)

This Day of , 20

This Day of , 20

Signature of Notary Public

Signature of Notary Public

My Commission Expires:

My Commission Expires: